

Prepared by M. Gordon
Date 11-3-04

~~YES~~ NO Primary Examiner box complete.
~~YES~~ NO Issuing Classification complete.

YES **NO** Examiner's initials or cross-through lines supplied for each item cited by applicant.
YES **NO** Date(s) supplied/complete on all PTO-1449/892 sheets. (Month and year required.)

YES NO Brief Description of Drawings includes description of each figure in drawings.
YES NO Continuing data is mentioned in 1st paragraph. (Can be an insert.)

YES **NO** Claims listed on Notice of Allowability match allowed claims and/or index of claims.
YES **NO** Claims correctly numbered in index.
 (No duplicate or missing claim numbers.)
 (No incorrect dependencies.)

YES ☒ NO ☐ If necessary (biological sequence listing).

YES **NO** Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.